Risk Analysis Questionnaire FY 2023

			Contract			
Legal Name of Contractor:			Number¹:			
Please provide the person'		Contact Name & Title:				
number to contact for ques		Contact Phone Number:				
additional information is ne	additional information is needed: Contact Phone Number:					
Active Contracts & Payme						
 Do you currently have c [Federal, State (ISD, Ur 			ty either within or outside of Texas			
Yes No	iiversity), County, C	i Filvate Dusinessj!				
	er.					
types is utilized for the o		tract number(s), and indicate t	which of the following payment			
		verables-based payment type	for a contract with a firm agreed-			
		elivery of goods and services.	ables-based payment type for a contract with a firm agreedery of goods and services.			
			ıal, allowable, reasonable, and			
Reimbursement n			ures incurred up to an approved amount and within the			
		egories in the approved budge standard fee per unit of servic				
		ndividual vendor and apply or				
Fee For Service u	iniform rate that is p	paid to all vendors providing th	ne service. This rate-based			
	payment type is used when an independent rate setting process does not exist for					
	ne contracted servi		rate setting process where the			
		the Health and Human Service				
Payments a	nother agency with	rate setting authority. The res				
		hase of specifically defined units of service.				
		nded foster care rate is the HHSC-developed rate equal to the weighted e rate across all placement types that DFPS pays under a Single Source				
		r each day of service provided to a child or youth in paid				
fo	oster care.					
		plended foster care case rate is the rate paid under a Single Source				
	Continuum Contract for each day of service provided to each child or youth as measured against an established length of stay baseline formulated by HHSC for					
		h defined age category or "strata" of children/youth.				
Exceptional	An exceptional foste	er care rate applies to a limited	I number of situations and/or days			
Foster Care Rate under a Single Source Continuum Contract where a child requires extraordinary care. Usually for residential services. This is the rate paid to the provider for each 24-		a child requires extraordinary				
		al services. This is the rate paid to the provider for each 24				
		period that a DFPS client is in a provider's care.				
Entity Name		Contract Number	Payment Type			
Littley	- Turno	Oontract Hamber	i dyment type			

Texas Dept. of Family and Protective Services

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☐ Yes ☐ No

☐ Yes ☐ No

Ind	lependent Audits				
2.	Is your business entity required to undergo an independent audit? ☐ Yes ☐ No • If no, skip question 3.				
	 If yes, please identify the authority requiring the audit: 				
3.	What is the date of your most recent audit?				
	Provide a copy of your most recent audit.				
	(E.g., Annual Financial Statement audit, Compliance audit was compother state/federal agencies such as the State Auditor's Office (SAO) Monitoring activities conducted by another state agency are not conspurpose.	or the Office of Inspector Gener	al (OIG).		
Re	lated Party Transactions				
4.	Disclose the type of business transactions (compensated or not) that any related party. For purposes of this question, related party refers to a) A family member (including blood, marriage, or adoption), b) A member of the Board of Directors, c) Stockholders with >5% Ownership, d) Key Employees Paid Separately for Other Responsibilities (employees), e) Parent/Subsidiaries, or f) Organizations Under Common Ownership or Control (excluded Transactions include business activities such as purchasing or leasing vehicle) and/or obtaining a service (e.g., legal services, accounting services).	e.g., consulting services, not directing routine relationships for an Llag (e.g., a building, a computer, o	ct LC).		
	Non-Compensated Services	☐ Yes ☐ No			
	Compensated, Non-Recurring Goods, Services, or Labor	☐ Yes ☐ No			
	Compensated, Recurring Goods, Services or Labor	☐ Yes ☐ No			
	Compensated Goods, Services, or Labor w/ Uniform Rate, Set Rate that Applies to All Contracts for the Service	☐ Yes ☐ No			
	Compensated Consulting or Management Services	☐ Yes ☐ No			
	Compensated Building Leasing	☐ Yes ☐ No			
Compensated Transportation		☐ Yes ☐ No			
	For-Profit Affiliated with Non-Profit	☐ Yes ☐ No			

Owned/Operated by Same or Related Entity

Parent/Subsidiary Relationship

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Sul	Subcontractors				
5.	Indicate the percentage of work performed by subcontractors for the contracted service (as allowable by the contract).				
	□ No Subcontractor I	nvolvement			
☐ Subcontractors Account for 50% or Less of Work Performed					
	☐ Subcontractors Acc	count for More than 50% o	of Work Performed		
Key	y Management Staff				
	purposes of this question, ector, President, Sole Prop				
6.	Has there been a change (24 months)?	in any key management s	taff at your business orga	nization within the past two	years
	☐ Yes ☐ No				
7.	Indicate whether key mana programmatic components				
	Fiscal components refer to	o the financial aspect of th	ne contract.		
	<u>Programmatic components</u> refer to the service delivery side of the contract, such as ensuring that service provided to clients, monitoring the quality of the service delivery, complying with the service provisions in contract.				
	Executive Director, Sole Proprietor, President or Equivalent	Less than 2 years (24 months) with fiscal or programmatic components of federal and/or state contracted programs	At least 2 years (24 months) with fiscal or programmatic components of federal and/or state contracted programs	At least 2 years (24 months) with fiscal and programmatic components of federal and/or state contracted programs	
	Accounting Director, Comptroller, Chief Financial Officer, Business Manager, etc.	Less than 2 years (24 months) with fiscal or programmatic components of federal and/or state contracted programs	At least 2 years (24 months) with fiscal or programmatic components of federal and/or state contracted programs	At least 2 years (24 months) with fiscal and programmatic components of federal and/or state contracted programs	
	Program Director, Program Coordinator or Equivalent	Less than 2 years (24 months) with fiscal or programmatic components of federal and/or state contracted programs	At least 2 years (24 months) with fiscal or programmatic components of federal and/or state contracted programs	At least 2 years (24 months) with fiscal and programmatic components of federal and/or state contracted programs	
Dir	ect Delivery Staff				
8.	Please indicate change in	direct delivery staff at you	ır business organization w	rithin the preceding year	
٠.	_		nover >= 50%	and proceeding your.	
9.	Please indicate the average the contracted service.	ge level of experience that		ur organization have in pro	viding
	Less than 24 months	24 months or more			

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Internal Controls			
	Does your business □ Yes □ No If Yes, provide a bri	s organization have any outstanding remedies, damages or pending litigation?	
	Term	Definition/Example	
	Litigations	Pending lawsuit(s) – generally meaning any current litigation involving the business entity for which the results could have a negative impact on the business.	
		CERTIFICATION	
Thi: enti		ned by an individual with documented signature authority, as designated by the business	
	EREBY CERTIFY, ⁻ JE, CORRECT, AN	TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION REPORTED HEREIN I ND COMPLETE.	
		Signature Date	
		Print Name Title	